

FINAL TECHNICAL PROPOSAL PACKET
SP-18-0059

Note: Updates to this final Technical Proposal Packet are designated by red font.

PROPOSAL SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION			
Company:			
Address:			
City:		State:	Zip Code:
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation	<input type="checkbox"/> Public Service Corp <input type="checkbox"/> Nonprofit
Minority Designation: <small>See Minority Business Policy</small>	<input type="checkbox"/> Not Applicable <input type="checkbox"/> African American	<input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic American	<input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American <input type="checkbox"/> Woman <input type="checkbox"/> Service Disabled Veteran
	AR Minority Certification #: _____	Service Disabled Veteran Certification #: _____	
PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
<i>Provide contact information to be used for bid solicitation related matters.</i>			
Contact Person:		Title:	
Phone:		Alternate Phone:	
Email:			
CONFIRMATION OF REDACTED COPY			
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested. <i>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.</i>			
ILLEGAL IMMIGRANT CONFIRMATION			
By signing and submitting a response to this <i>Bid Solicitation</i> , a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the Prospective Contractor certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.			
ISRAEL BOYCOTT RESTRICTION CONFIRMATION			
By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract. <input type="checkbox"/> Prospective Contractor does not and will not boycott Israel.			

An official authorized to bind the Prospective Contractor to a resultant contract shall sign below.

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* **will cause the Prospective Contractor's proposal to be disqualified.**

Authorized Signature: _____ Title: _____
Use Ink Only.

Printed/Typed Name: _____ Date: _____

SUBMISSION REQUIREMENTS

- *Per the RFP, the below information/documents **must** be submitted with Prospective Contractor's proposal submission.*
 - *These items will not be scored as part of the bid evaluation; however, failure to provide the required information/documents **shall** result in disqualification of a Prospective Contractor's bid.*
 - ***Do not** include additional information if not pertinent to the itemized requirement.*
-
1. Proposal Bond
 2. Conflict of Interest Affidavit, with any necessary attachments.
 3. Copy of the certificate of compliance with SOC -2 Level II and/or SSAE-18
 4. Proposed Subcontractors Form

CONFLICT OF INTEREST AFFIDAVIT

- This *Conflict of Interest Affidavit* is for the Prospective Contractor's disclosure of any actual and/or potential conflict(s) of interest, litigation (criminal or civil), and/or bankruptcy petition(s) as described and required in the RFP, Section 2.5.
- Per Section 2.5 of the RFP, this *Conflict of Interest Affidavit* will not be scored as part of the RFP evaluation. However, submission of this signed *Conflict of Interest Affidavit* along with the required disclosures if any, as stated in the RFP Section 2.5 is a Proposal Submission Requirement. Should the Contractor fail to submit the *Conflict of Interest Affidavit* with *Technical Proposal Packet* response, the State reserves the right to disqualify the Prospective Contractor's proposal.
- Do not include additional information if not pertinent to the itemized request.
- Should the Prospective Contractor have any actual and/or potential conflict(s) of interest, litigation (criminal or civil), and/or bankruptcy petition(s) disclosures to make, the Prospective Contractor **shall** submit an additional document, as an attachment to this *Conflict of Interest Affidavit*, explaining the actual and/or potential conflict(s) of interest, litigation (criminal or civil), and/or bankruptcy petition(s).
- The Prospective Contractor **shall** include all information necessary to fully communicate the nature of the actual and/or potential conflict(s) of interest, litigation (criminal or civil), and/or bankruptcy petition(s) including proposed mitigation measures.

Check the appropriate box below:

- Per Section 2.5 of the RFP, my company does not have any actual and/or potential conflict(s) of interest, litigation (criminal or civil), and/or bankruptcy petition(s) to disclose at this time.
- See the attachment to this *Conflict of Interest Affidavit* disclosing my company's actual and/or potential conflict(s) of interest, litigation (criminal or civil), and/or bankruptcy petition(s).

By signature below, the Prospective Contractor certifies that it meets the disclosure requirements as stated in Section 2.5 of the RFP to the best of its knowledge, and **shall** continue to meet disclosure requirements as stated in Section 2.5 of the RFP throughout the life of the contract.

Authorized Signature: _____
Use Ink Only.

Printed/Typed Name: _____ Date: _____

PROPOSED SUBCONTRACTORS FORM

- *Do not include additional information relating to subcontractors on this form or as an attachment to this form.*

PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP

PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.

INFORMATION FOR EVALUATION

- Provide a response to each item/question in this section. Prospective Contractor may expand the space under each item/question to provide a complete response.
- Do not include additional information if not pertinent to the itemized request.

		Maximum RAW Score Available
1 – PROSPECTIVE CONTRACTOR EXPERIENCE		
1.A Prospective Contractor Profile and Experience		
1.A.1	Describe your company’s experience with similar projects and services. Include a description of a project where your company has at least five (5) years of experience administering a comprehensive program to a population similar in size to the population described in this RFP, or commensurate experience and how much of that experience is related to state/federal.	5 points
1.A.2	Describe your experience in providing multiple health services in a “bundled” capacity.	5 points
1.A.3	Specifically describe your experience or your subcontractor’s experience and how each experience is directly related to the work that will be performed under this Scope of Work.	5 points
1.A.4	Describe your company’s experience with, and ability to establish and maintain, a Network that effectively accommodates a minimum of 150,000 – 160,000 Members.	5 points
1.A.5	Provide examples of any newsletters, reviews, or other informative publications that your company publishes for routine distribution to accounts. Provide this in electronic format only, preferably on a flash drive, CD’s are also acceptable.	5 points
1.A.6	<p>Disclose any of the following as applicable during the past five (5) years; indicate if none of these conditions are applicable:</p> <ul style="list-style-type: none"> • List and summarize any resolved (including by settlement), pending or threatened litigation, administrative or regulatory proceedings, or similar matters related to the subject matter of the services sought in this RFP. • List all of insurance Market Conduct examinations and findings. • List any contract for services that your company has had that was terminated, and indicate the reason for termination, such as, for convenience, nonperformance, non-allocation of funds, or any other reason for which termination occurred before completion of all obligations under the contract provisions. • List any occurrences where your company has either been subject to default or has received notice of default or failure to perform on a contract. Provide full details related to 	5 points

<p>the default or notice of default including the other party's name, address, and telephone number.</p> <ul style="list-style-type: none"> List any damages, penalties, disincentives assessed, or payments withheld, or anything of value traded or given up by your company under any of its existing or past contracts as it relates to services performed that are similar to the services contemplated by this RFP, including any state or federal regulatory penalties imposed for any reason. Include the estimated cost of that incident to your company with the details of the occurrence. 	
<p>1.A.7 What processes are in place to on-board new/current subcontractors and/or technology operating on platforms different than the Prime Contractor's?</p>	<p>5 points</p>
<p>1.A.8 Describe insurance the firm carries including the type of insurance, the amount of coverage, any deductible and coinsurance amounts, and the provider.</p>	<p>5 points</p>
<p>1.A.9 Provide a copy of your certified financial audit results from an independent auditor for 2015, 2016, and 2017 with copies of supporting documents.</p>	<p>5 points</p>
<p>1.A.10 Are you currently a Qualified Health Plan (QHP), as defined by CMS? If so, how long have you had your QHP status? If not, have you ever been a QHP? Explain the reasons for participation or non-participation as a QHP.</p>	<p>5 points</p>
<p>2 – GENERAL ADMINISTRATION</p>	
<p>2.A Administration, Staffing, End of contract Transition</p>	
<p>2.A.1 Describe your proposed staffing plan and your process for maintaining a staffing level of your proposed staffing plan.</p>	<p>5 points</p>
<p>2.A.2 Describe your plan for recruiting and training staff to meet the minimum staff requirements as set forth in the RFP, and your plan for retaining these staff members.</p>	<p>5 points</p>
<p>2.A.3 Describe in detail how the proposed Key Personnel's experience and qualifications relate to their specific responsibilities. Include individual resumes for the key personnel to be assigned to the project if the Prospective Contractor is awarded the Contract.</p> <p>Or, if your company plans to determine specific staff at a later date, describe the qualifications and number of years of experience your company will require for each Key Personnel position. Confirm resumes for Key Personnel will be provided prior to Implementation and your understanding that the EBD will have the right to approve or request alternatives for all Key Personnel.</p>	<p>5 points</p>
<p>2.A.4 Describe your plan for substitution or replacement of Key Personnel.</p>	<p>5 points</p>

<p>2.A.5 Describe any and all subcontractors listed on your Proposed Subcontractors Form, the tasks for which they will be responsible, and your plan for supervision and corrective action, if needed. Include the following for each:</p> <ul style="list-style-type: none"> • Name and address of the outsourced/subcontracted agent • Scope of work the outsourced/subcontracted agent will perform • Organizational and length of relationship to Contractor 	<p>5 points</p>
<p>2.A.6 Describe your process for maintaining staff capable of identifying, investigating, and resolving reviews and appeals.</p>	<p>5 points</p>
<p>2.A.7 Explain how problems with work under the Contract will be escalated both in your company and to EBD to resolve any issues in a timely manner.</p>	<p>5 points</p>
<p>2.A.8 Describe your plan for developing and implementing training material for all staff, including subcontractors.</p>	<p>5 points</p>
<p>2.A.9 Describe your plan for ensuring adequate resources to investigate unusual incidents and develop corrective action plans.</p>	<p>5 points</p>
<p>2.A.10 Describe your plan to complete all the duties required for transition at end-of-contract.</p>	<p>5 points</p>
<p>2.A.11 Provide a general end-of-contract transition plan which addresses the key components outlined in the RFP.</p>	<p>5 points</p>
<p>2.B Reporting</p>	
<p>2.B.1 Provide examples of all available reports not requested in previous Programs that you feel would be beneficial for managing the Major Service Components of this RFP.</p>	<p>5 points</p>
<p>2.B.2 Provide a detailed description of the process to request ad hoc and/or customized recurring reports. Include an estimated average turn-around time for these types of reports.</p>	<p>5 points</p>
<p>2.B.3 Provide a detailed description of the process to generate reports from currently available portal/web-based applications.</p>	<p>5 points</p>
<p>2.B.4 Describe your company's use of data analytics providing a detailed overview of the analytics tool used and its effectiveness in improving Member health and lowering claims cost.</p>	<p>5 points</p>

<p>2.B.5 Describe your company’s reporting, including the threshold criteria, for the following categories:</p> <ul style="list-style-type: none"> a. Claims by ICD-10 category, as requested b. Age/gender claim reports c. Claims by CPT-4 procedure code, as requested d. Hospital claims data (admissions, number of days) e. ER services f. In-Pt/Observation Discharge g. 30-day re-admission h. Claims adjudication cycle, including pended claims i. Network savings reports 	<p>5 points</p>
<p>2.B.6 Provide a sample copy of the following Financial reports:</p> <ul style="list-style-type: none"> a. Monthly and year-to-date totals for all claims adjudicated by Plan, including the following components: <ul style="list-style-type: none"> • Total number of claims • Amount billed • Amount allowed • Accumulators applied (deductible applied) • Amount paid b. Coordination of benefits savings c. Claims payment analysis of payments to providers, separately and combined d. Incurred date lag reporting e. Premiums to claims ration reporting 	<p>5 points</p>
<p>2.B.7 Provide, in electronic format only, examples of all available reports requested above as part of your company’s response to this RFP.</p>	<p>5 points</p>
<p>2.B.8 Provide a list of the standard reports you have available as well as the frequency you generate these reports. Provide examples of all reports on the list.</p>	<p>5 points</p>
<p>2.B.9 Identify the data source payment methods used to create your benchmark reports and provide the most recent overview of the program success.</p> <p>DO NOT INCLUDE ANY ACTUAL COSTS.</p>	<p>5 points</p>
<p>2.B.10 Describe your plan for completing the required annual audit.</p>	<p>5 points</p>

2.C Overall Effectiveness		
2.C.1	Describe your company's plan for meeting the Performance Standards in Attachments B, C, D, E and F and for complying with changes to Performance Standards throughout the life of the contract.	5 points
2.C.2	Describe how you will develop an administrative procedure for detecting fraud and abuse.	5 points
2.C.3	Describe your internal controls for claims payments and your methods for verifying whether services reimbursed were furnished to Members as billed by Providers.	5 points
2.C.4	Describe your process for performing preliminary investigations of suspected or confirmed wasted, fraud, or abuse.	5 points
2.C.5	Describe your process for recording, investigating, resolving, and analyzing claim and Member reviews and/or appeals.	5 points
2.C.6	Describe your process for implementing and maintain an electronic system that includes reviews and appeals, investigations, resolutions, and notifications.	5 points
2.D Call/Customer Service Center(s)		
2.D.1	Describe your plan for operating a HIPAA-compliant, toll-free Call Center per the requirements of the RFP, and whether you intend to operate the Call Center for Members and Providers separately or combined.	5 points
2.D.2	Describe your technological capability for auditing and monitoring calls and your process for implementing and utilizing an electronic system to document calls and use the data for reference, tracking, and analysis.	5 points
2.D.3	Describe your plan for demonstrating that all Call Center software, hardware, and staff are available and operational.	5 points
2.D.4	Describe your process for handling calls received outside of normal business hours.	5 points
2.D.5	Provide an overview of the structure of your call/customer service center(s) including detailed description of call routing for multiple call types.	5 points
2.D.6	Describe your process for keeping an electronic record of all concerns received by the Call Center and escalating these concerns to EBD.	5 points
2.D.7	Describe your plan for operating the Call Center according to the Performance Standards in the RFP.	5 points

<p>2.D.8 Describe your plan for developing and maintaining a website with separate pages for Member and Providers that is easy to access, user-friendly, and compliant with the required items in the RFP. Describe any available customization.</p>	<p>5 points</p>
<p>2.D.9 Describe your plan for implementing and maintaining secure electronic portals, including personal health records, for Member and for Providers on the website.</p>	<p>5 points</p>
<p>2.D.10 Describe your plan for ensuring information on the website is accurate and for ensuring the information is updated in a timely manner.</p>	<p>5 points</p>
<p>3 – HEALTH INSURANCE</p>	
<p>3.A Claims Administration</p>	
<p>3.A.1 Describe how you will develop and maintain an accurate and efficient claims processing system to receive and adjudicate Claims.</p>	<p>5 points</p>
<p>3.A.2 Describe your processes for each of the following:</p> <ul style="list-style-type: none"> • claims submission and adjudication, paper and electronic, including receipt of Claims, • verification of Member and Provider eligibility, • verification of any needed prior authorization, • verification of Third Party Liability, • denial or approval and submission of payment en to detect/correct these discrepancies 	<p>5 points</p>
<p>3.A.3 Describe how you will maintain an automated Claims system according to the requirements in the RFP and offer Providers an electronic Claims portal for automated processing, adjudication, and correction of Claims.</p>	<p>5 points</p>
<p>3.A.4 Describe your plan for completing and maintaining accurate Claim Data for all services.</p>	<p>5 points</p>
<p>3.A.5 State the percentage of claims that generated Member complaints from July 1, 2016 to June 30, 2017. Of those, how many received a written response?</p>	<p>5 points</p>
<p>3.A.6 Describe how you will identify received claims for services that are not Covered Services for payment and processing.</p>	<p>5 points</p>

<p>3.A.7 State your company's percentage of claims from July 1, 2016 to June 30, 2017 that were:</p> <ul style="list-style-type: none"> • Processed within ten (10) business days • Processed within twenty (20) business days • Processed within thirty (30) business days • Percentage of pended claims <p style="padding-left: 40px;">Formula: Include all claims approved or denied.</p>	<p>5 points</p>
<p>3.A.8 State the percentage of your company's claims from July 1, 2016 to June 30, 2017 which were suspended for any reason.</p> <p style="padding-left: 40px;">Formula: Total number of suspended claims divided by total number of claims processed from July 1, 2016 to June 30, 2017.</p>	<p>5 points</p>
<p>3.A.9 State your claims payment accuracy from July 1, 2016 to June 30, 2017.</p> <p style="padding-left: 40px;">Formula: Total number of correct payments divided by total number of payments from July 1, 2016 to June 30, 2017.</p>	<p>5 points</p>
<p>3.A.10 Provide statistics detailing your financial accuracy from July 1, 2016 to June 30, 2017.</p>	<p>5 points</p>
<p>3.A.11 Describe your policy on timely filing of claims. How will you accommodate a policy that requires payment within 180 days from date of service, or inpatient service discharge date, for contracted and/or non-contracted providers?</p>	<p>5 points</p>
<p>3.A.12 How often are claims processing workflows audited, including pending claims?</p>	<p>5 points</p>

<p>3.A.13 Provide your performance standards/expectations for each of the following (including the criteria thresholds):</p> <ul style="list-style-type: none"> a. Payment accuracy b. Financial accuracy c. Overall accuracy <p>Include the annual average for each for 2016 and 2017.</p>	<p>5 points</p>
<p>3.A.14 Identify claim processing locations using a color-coded map for each of the following:</p> <ul style="list-style-type: none"> • In-network (within Arkansas) • Out-of-network (within Arkansas) • Out-of-area (In-network outside Arkansas) • Out-of-area (Out-of-network, outside Arkansas) 	<p>5 points</p>
<p>3.A.15 Explain your criteria for any out-of-network designation of claims within Arkansas.</p>	<p>5 points</p>
<p>3.A.16 Explain your criteria for any out-of-network designation of claims outside Arkansas.</p>	<p>5 points</p>
<p>3.A.17 Describe your process for tracking claims pended for medical review. Provide the policy/procedure as an electronic document on a flash drive. Number and title the file for easy reference to this question.</p>	<p>5 points</p>
<p>3.A.18 Describe your process of identifying the unbundling and/or up-coding of rendered services. Explain any proprietary algorithms or policies used. Provide an overview of how this information is applied to the claim adjudication cycle, including how it is reflected on both the Remittance Advice (RA)/Explanation of Benefits (EOB).</p>	<p>5 points</p>
<p>3.A.19 Describe the process used to systematically program rules to prevent unbundling and up-coding abuse. How do you monitor to ensure accuracy?</p>	<p>5 points</p>
<p>3.A.20 Describe your plans for coordinating benefits to maximize cost avoidance through the utilization of third-party liability (TPL) and subrogation.</p>	<p>5 points</p>
<p>3.A.21 Describe your process for identifying, collecting, and reporting Third Party Liability (TPL).</p>	<p>5 points</p>

<p>3.A.22 Describe how you will verify during Claims adjudication that the Member was eligible for Services on the date of service.</p>	<p>5 points</p>
<p>3.A.23 Explain in detail the workflows for handling incoming correspondence. Include tracking and retrieving.</p> <ul style="list-style-type: none"> a. Correspondence (letters, emails, and any other form of written correspondence) accompanied by a claim b. Correspondence submitted separately c. Requested medical records to support medical necessity 	<p>5 points</p>
<p>3.A.24 Describe in detail your workflow for responding to Customer Service inquiries, including turnaround time requirements.</p>	<p>5 points</p>
<p>3.A.25 Describe your processes for preventing duplicate payments for the same date of service.</p>	<p>5 points</p>
<p>3.A.26 Describe in detail your workflow for handling the following:</p> <ul style="list-style-type: none"> • The evaluation and release of pended claims, including the classification of staff assigned to the process. • Explain how your company will follow-up for subsequent information once a claim is pended. • Explain how your company will prevent duplication of requests to the same individual for the same requested information but for different claims. 	<p>5 points</p>
<p>3.A.27 Describe in detail your remittance advice/explanation of benefits process for self-insured plans including delivery method.</p>	<p>5 points</p>
<p>3.A.26 Describe your workflow for coordinating a request for a transplant.</p>	<p>5 points</p>

3.B Provider Relations	
3.B.1 Describe your company's plan and strategies for monitoring network access throughout the life of the contract, including your plan for taking action with Providers who are determined to be out of compliance.	5 points
3.B.2 Describe your process for maintaining coverage policies, including implementing new policies and updating and/or terminating existing policies. Describe your process in detail for educating both the Provider and Member network.	5 points
3.B.3 Describe your workflow for determining experimental and investigational status of services.	5 points
3.B.4 Describe your process for reviewing and authorizing all Network Provider contracts.	5 points
3.B.5 Describe your company's plan for ensuring Network Providers are licensed, credentialed, and eligible to render services under applicable federal and state laws, rules, and regulations.	5 points
3.B.6 Describe your process for enrolling currently credentialed Providers in to your Plan during the implementation period.	5 points
3.B.7 After the initial implementation period, describe your company's plan for recruiting, credentialing, and enrolling providers.	5 points
3.B.8 Describe your plan for re-credentialing and re-validating Providers, at a minimum of at least every three (3) years and five (5) years, respectively.	5 points
3.B.9 Describe how you will maintain a sufficient Network for all Members to have a Primary Care Physician (PCP). In addition, please identify any processes used to identify an auto-assigned PCP.	5 points
3.B.10 Describe your plans for Provider relations and education.	5 points

<p>3.B.11 Describe your plan for training, deploying, and monitoring Provider relations representatives to visit offices and act as a point of contact for the provider.</p>	<p>5 points</p>
<p>3.B.12 Describe your current participation in and plans for participating/educating Providers about value-based programs, e.g. Patient Centered Medical Home; CPC+, etc.</p>	<p>5 points</p>
<p>3.B.13 Describe your process for developing, distributing, updating, and re-distributing the Provider Manual.</p>	<p>5 points</p>
<p>3.B.14 Describe how you will ensure your Network is responsive to all linguistic and cultural needs of minority or disabled Members.</p>	<p>5 points</p>
<p>3.B.15 Describe your reimbursement method for the below services.</p> <ul style="list-style-type: none"> a. Inpatient hospital facility medical/surgical admission b. Inpatient hospital facility maternity admission c. Outpatient hospital facility emergency room d. Outpatient hospital facility surgery e. Ambulatory surgical center f. Other outpatient hospital services g. Primary care physician h. Specialist i. Independent lab (indicate the independent lab organization utilized in Arkansas) 	<p>5 points</p>
<p>3.B.16 What is your provider turnover for both voluntary/involuntary for 2015, 2016, and 2017?</p>	<p>5 points</p>
<p>3.B.17 Describe the criteria you use for determining adequate network coverage for primary/general and specialty care.</p>	<p>5 points</p>
<p>3.B.18 Describe your network participation with statewide ambulance service providers (land/air/water), detailing which are considered in-network, and the payment arrangements with out-of-network providers.</p>	<p>5 points</p>
<p>3.B.19 Describe how you update and distribute network and service area information to Members, employers and providers.</p>	<p>5 points</p>
<p>3.B.20 What are your provider contracting policies regarding provisions to pay the lesser of the billed charges than the contracted rate?</p>	<p>5 points</p>

<p>3.B.21 What are your provider contracting policies regarding separate fee schedules for self-insured businesses versus fully insured businesses? Explain how the separate fee schedules might differ.</p>	<p>5 points</p>
<p>3.B.22 Do you have any intermediary or leased network arrangements for any facilities and/or providers referenced in your responses to this RFP? If yes, describe all associated reimbursement models. Provide a copy of the lease arrangement. If none, describe reimbursement models for directly contracted facilities and/or providers referenced in your response to this RFP.</p>	<p>5 points</p>
<p>3.B.23 Describe your provider contracting policies that would increase provider reimbursement on a case-by-case basis.</p>	<p>5 points</p>
<p>3.B.24 Provide a blank copy of all provider/facility contracts that will be used during the life of the contract, including special programs such as: value-based programs, accountable care organization and global payment arrangements.</p>	<p>5 points</p>
<p>3.C Network Coverage</p>	
<p>3.C.1 List in-network hospitals in Arkansas and provide a map showing the hospitals coverage area.</p>	<p>5 points</p>
<p>3.C.2 Describe your in-network and out-of-network processes for out-of-state access.</p>	<p>5 points</p>
<p>3.C.3 Complete Attachment L – Network Coverage</p> <ul style="list-style-type: none"> a. Indicate the number of primary care physicians, specialists, and hospitals in your network that would be made available for the Plan(s). b. Complete a similar chart for: <ul style="list-style-type: none"> 1. Outpatient surgical centers 2. Outpatient imaging centers 3. Urgent care facilities 4. Convenience care facilities 5. Physician assistants 6. Nurse practitioners 7. Alternative care providers c. List hospitals in contiguous service areas. 	<p>5 points</p>
<p>3.C.4 During the period of 2015 – 2017 list the percentage of active providers by specialty without any claims activity.</p>	<p>5 points</p>

<p>3.C.5</p>	<p>Describe the process for determining provider responsibility vs Member liability for failure to follow Medical Management requirements (i.e. pre-certification, prior authorization, and specialty referrals) within your provider network contracting.</p> <p>Describe the process for communicating this information to the network community.</p> <p>Describe the process for communicating this information to the Member community.</p> <p>Describe the process for monitoring network leakage.</p>	<p>5 points</p>
<p>3.C.6</p>	<p>Describe your wrap-around provider contracts that allow discounts for out-of-network benefits. Detail under what conditions the use of these providers would be treated as in-network.</p>	<p>5 points</p>
<p>3.C.7</p>	<p>Describe the advantages of your company's provider network regarding pricing and Member access within Arkansas and nationwide.</p>	<p>5 points</p>
<p>3.C.8</p>	<p>When coordinating benefits among other Payers, describe your policy for determining both co-insurance/patient responsibility when a fee schedule exceeds this contract's allowable rates.</p>	<p>5 points</p>
<p>3.C.9</p>	<p>What is your policy for allowing in-network providers to balance bill Members?</p>	<p>5 points</p>
<p>3.C.10</p>	<p>Per RFP item 3.12.B, should the State decide to build a proprietary network, outline the requirements for the development, implementation and maintenance.</p>	<p>5 points</p>
<p>3.C.11</p>	<p>Provide a list of in-network facilities that do not have a DRG arrangements for all services rendered.</p>	<p>5 points</p>
<p>3.C.12</p>	<p>Identify items that would trigger an increase/decrease on agreed upon fee schedules such as group participation/size. List triggers and related changes to the agreed upon fee schedules.</p>	<p>5 points</p>
<p>3.C.13</p>	<p>Provide an overview of your transplant network. Including information on the specific transplant types, location of facilities and transplants performed at each facility and network status of each facility.</p>	<p>5 points</p>
<p>3.C.14</p>	<p>Outline the various fee schedules your company utilizes for at risk business vs. standard ASO arrangements.</p>	<p>5 points</p>

<p>3.C.15 Describe your company’s program and processes in place to systematically evaluate participating providers for:</p> <ul style="list-style-type: none"> • Cost • Utilization • Cooperation with administration • Member services satisfaction 	<p>5 points</p>
<p>3.C.16 Describe your company’s objectives regarding provider relations, including training, and the structure in place to support these objectives.</p>	<p>5 points</p>
<p>3.D Quality Assurance/Management</p>	
<p>3.D.1 Describe your plan for developing and implementing a quality assurance and improvement program.</p>	<p>5 points</p>
<p>3.D.2 Describe how you will look for opportunities for quality improvement and implement corrective action.</p>	<p>5 points</p>
<p>3.D.3 Describe your process for developing advisory committees, ensuring and facilitating their regular meetings, and your plan for evaluating and incorporating feedback from these committees.</p>	<p>5 points</p>
<p>3.D.4 Explain how individual providers are monitored. Describe the quality standards you use. Include samples of performance data supplied to network providers and a description of measures.</p>	<p>5 points</p>
<p>3.D.5 State the frequency and method in which the performance of individual physicians and facilities are evaluated in the following areas:</p> <ol style="list-style-type: none"> a. Inpatient/outpatient utilization (e.g. global, condition or site-specific). b. Appropriateness of care (e.g. inpatient critical path audits, HEDIS, Accountable Care Organizations). c. Customer/patient service (e.g. site visits or member surveys). d. Referral patterns (e.g. PCP tracking of specialty care referrals, use of specific therapies). e. Administrative compliance (e.g. documented irregularities in procedure). f. Over-utilization of testing/diagnostic services. 	<p>5 points</p>
<p>3.D.6 State the frequency and method in which providers receive feedback on their performance (e.g. formal profiling, provider relations visit, Medical Director Discussion)</p>	<p>5 points</p>

<p>3.D.7</p>	<p>Describe how you address issues with providers who do not meet your quality standards, including:</p> <ul style="list-style-type: none"> a. Type of communication to providers of quality standards for which are they being held accountable. b. Specific steps followed to rectify a provider quality problem. c. Description of programs available for assisting providers in improving effectiveness and efficiency. d. How do you address instances where providers fail to perform at an acceptable level? If providers are removed from the network, explain how members, EBD, and employers are notified. 	<p>5 points</p>
<p>3.D.8</p>	<p>State the percentage of physicians who are credentialed prior to contracting (including physicians with leased health plans).</p>	<p>5 points</p>
<p>3.D.9</p>	<p>Describe any formal, written credentialing/re-credentialing standards for general medical and surgical hospitals. If applicable, provide a copy.</p>	<p>5 points</p>
<p>3.D.10</p>	<p>State the percentage of facilities which are reviewed prior to contracting or renewal (including facilities in leased health plans) for an initial on-site visit at a prospective physician's office; provide a copy of your office survey form.</p>	<p>5 points</p>
<p>3.D.11</p>	<p>How often is a provider's office visited for the purpose of credentialing/re-credentialing/verification of quality practice?</p>	<p>5 points</p>
<p>3.D.12</p>	<p>Regarding facility contracting:</p> <ul style="list-style-type: none"> a. List the criteria which are used to select hospitals and other health care facilities. b. List the hospitals participating in your network which are not accredited by JCAHO. c. State the liability coverage that the participating hospitals are required to carry. d. Describe how the hospitals are monitored for cost efficiency and quality of care on an ongoing basis. e. State the frequency in which this review is conducted. f. List any hospitals that have been terminated or dropped. g. State the number of nationwide hospitals with which you directly contract. h. List any treatment options that cannot be provided by your hospital network. <p>State the length of time in which your negotiated hospital rates are guaranteed, if any.</p>	<p>5 points</p>

3.D.13	Specify what HEDIS and/or ACO data you currently capture and/or report, identifying the data that is submitted to each. Submit copies of HEDIS and/or ACO reports for the last reporting period.	5 points
3.D.14	Using the following formula, state your member satisfaction level over the last year. Formula: “Overall satisfaction level” from member survey or total of “satisfied” / “very satisfied” responses divided by total responses (exclude neutral responses).	5 points
3.D.15	Using the following formula, state your physician satisfaction level over the last year. Formula: “overall satisfaction level” from provider survey or total of “satisfied” / “very satisfied” responses divided by total responses (exclude neutral responses).	5 points
3.D.16	Describe how the actual satisfaction results compare to your target performance goals for members and for providers.	5 points
3.D.17	Explain what quality information is provided to members via different communication avenues: web page, mailing, on-site meetings, etc.	5 points
3.D.18	Detail your tracking and reporting of “never events”.	5 points
3.D.19	Provide a copy, in electronic format ONLY, of the data dictionary for all fields that are operational and will be directly used to support EBD in any system proposed. This data dictionary must include the length of the field and a specific description of the data stored in each field.	5 points
3.E Medicare Population Coverage		
3.E.1	Describe your process for coordination of benefits between your proposed Health Insurance Program and CMS. Identify the manual vs. automated/electronically processed elements within the process.	5 points
3.E.2	Describe any special services and or discount programs that you offer, which are not required for the RFP, for the Medicare population of our membership (i.e. Silver Sneakers, discounts at participating retailers, etc.).	5 points

<p>3.E.3 Describe your process for coordinating benefits with Medicare Primary claims for services rendered outside Arkansas and/or outside of your established network.</p>	<p>5 points</p>
<p>4 – ACTUARIAL SERVICES</p>	
<p>4.A Actuarial Experience</p>	
<p>4.A.1 Provide an overview of your data analysis capabilities in 750 words or less.</p>	<p>5 points</p>
<p>4.A.2 Describe your company’s experience in performing actuarial valuations of health care plans, including retiree and public plans with at least 100,000 members.</p>	<p>5 points</p>
<p>4.A.3 Describe your company’s process for interfacing with a client, including the role of your company’s actuary and/or consultant.</p>	<p>5 points</p>
<p>4.A.4 Outline your company’s process for sharing information with EBD that pertains to Internal Revenue Code Sections.</p>	<p>5 points</p>
<p>4.A.5 Outline your company’s process for sharing information with EBD that pertains to ADA.</p>	<p>5 points</p>
<p>4.A.6 Outline your company’s process for sharing information with EBD that pertains to HIPAA.</p>	<p>5 points</p>
<p>4.A.7 Outline your company’s process for sharing information with EBD that pertains to other regulatory issues or laws.</p>	<p>5 points</p>
<p>4.A.8 Describe how you currently update your accounts on regulatory changes. Provide a recent example (i.e. annual FSA deposit thresholds).</p>	<p>5 points</p>
<p>4.A.9 Describe the workflow used by your company to notify clients of important industry updates including but not limited to the following:</p> <ul style="list-style-type: none"> • State requirements including pending legislation and/or regulations • Federal requirements including pending legislation and/or regulations • Revisions to accounting standards affecting actuarial calculations or health care reporting 	<p>5 points</p>

<p>4.A.10 Describe the workflow used by your company to educate clients on industry specific information such as:</p> <ul style="list-style-type: none"> • Methods of achieving various benefit objectives • Methods of proposing changes to the Plan (i.e. adding/deleting covered services, etc.) 	<p>5 points</p>
<p>4.A.11 Describe who prepares presentation materials (i.e. actuary, consultant, etc.).</p>	<p>5 points</p>
<p>4.A.12 Describe how you will facilitate the provision of legal opinions regarding proposed changes to the Plans, including but not limited to:</p> <ul style="list-style-type: none"> • Covered services • Exclusions/limitations • Eligibility rules/guidelines • Premiums 	<p>5 points</p>
<p>4.A.13 Describe quality control policies and procedures for your company.</p>	<p>5 points</p>
<p>4.B Methodology</p>	
<p>4.B.1 Detail your approach and methodology for analyzing claims experience as it relates to multiple Plans.</p>	<p>5 points</p>
<p>4.B.2 Detail your approach and methodology for identifying and producing necessary reports.</p>	<p>5 points</p>
<p>4.B.3 Detail your approach and methodology for monitoring the performance of the Plans.</p>	<p>5 points</p>
<p>4.B.4 Detail your approach and methodology for calculating incurred but not reported (IBNR).</p>	<p>5 points</p>
<p>4.B.5 Detail your approach and methodology for calculating other post employee benefits (OPEB) Liability.</p>	<p>5 points</p>
<p>4.B.6 Detail your approach and methodology for auditing network/provider contracts and network adequacy.</p>	<p>5 points</p>
<p>4.B.7 Detail your approach and methodology for risk assessment and ongoing risk management.</p>	<p>5 points</p>
<p>4.B.8 Detail your approach, methodology and strategy for Plan(s) design.</p>	<p>5 points</p>
<p>4.B.9 Detail your approach, methodology and strategy for premium evaluation and determining premiums.</p>	<p>5 points</p>

<p>4.B.10 Describe any other services that you offer, which are not required for the RFP, but are relative to the scope of work.</p>	<p>5 points</p>
<p>5 – MEDICAL MANAGEMENT (MM)</p>	
<p>5.A General Services</p>	
<p>5.A.1 Describe how you will determine a person requesting assistance or prior authorization is eligible for the requested service.</p>	<p>5 points</p>
<p>5.A.2 Describe your process for rendering a decision of pre-authorization requests in a timely manner.</p>	<p>5 points</p>
<p>5.A.3 Describe your process for complying with Arkansas Act 815 of 2017 ensuring continuation of Covered Services when a newly enrolled Participant has a prior authorization or when Participant is completing services commenced before enrolling in the Plan.</p>	<p>5 points</p>
<p>5.A.4 Describe your plan for Provider submission of pre-authorization requests.</p>	<p>5 points</p>
<p>5.A.5 Describe your plan for implementing and maintaining an electronic log of all Adverse Benefit Decisions.</p>	<p>5 points</p>
<p>5.A.6 Describe any patient advocacy services (i.e. community resources such as Alcoholics Anonymous, Care Link, Meals on Wheels, etc.) coordinated by your organization.</p>	<p>5 points</p>
<p>5.A.7 Describe your plan for making a determination of Medical Necessity on a case-by-case basis for services requiring preauthorization.</p>	<p>5 points</p>
<p>5.A.8 Provide an overview of programs your company has in place today that incorporate the Centers of Excellence strategy for specialty services and procedures.</p>	<p>5 points</p>
<p>5.A.9 Describe your company's strategy for population management as it would apply to the Services offered in this RFP. Identify three (3) areas your company would target and the processes you would implement to address them.</p>	<p>5 points</p>
<p>5.A.10 Describe your workflow for predictive modeling including if performed for specific Participant and/or all Participants?</p>	<p>5 points</p>

5.A.11	Describe your workflow for risk stratification including if performed for a specific Participant and/or all Participants.	5 points
5.A.12	Describe your process for utilizing biometric screening and health risk assessments for improving overall population health for Participants.	5 points
5.A.13	Describe your process for medication reconciliations including any minimum/maximum criteria per case.	5 points
5.A.14	Describe your plan for designing, producing, and distributing outreach and education materials to Participants that are appropriate to Participants' ages, languages, cultures, and reading levels.	5 points
5.A.15	What applications and processes are utilized to populate articles and materials customized for a specific Participant? Include methods of distributing information to Participants (i.e. dashboard).	5 points
5.A.16	Describe the process for applying Evidence Based Medicine (EBM) into your Medical Management workflow.	5 points
5.A.17	Describe your plan for reaching out to Participants to ensure each Participant has the information needed to receive Medically Necessary Covered Services.	5 points
5.A.18	Describe the process for maintaining current EBM material and how often your systems are updated.	5 points
5.A.19	Describe the workflow for implementing medical decision-making trends and how that information is used to update the medical decision support solution.	5 points
5.A.20	Describe your plan for ensuring care for newly enrolled Participants is not disrupted or interrupted for those Participants whose health conditions have been treated by Specialty Care Providers or whose health could be in jeopardy if services are disrupted or interrupted.	5 points
5.A.21	Once a Participant is enrolled and engaged in Medical Management, describe the workflow for the development and implementation of the care plan.	5 points
5.A.22	How do you oversee and coordinate continuity of care for Participants enrolled in more than one the Service(s)?	5 points

<p>5.A.23 Provide a timeline and response(s) to a Participant using the following examples (use first contact as zero time):</p> <ul style="list-style-type: none"> a. A mother phones regarding frequent asthma attacks for her 4-year-old. b. A man phones with questions about an elevated A1C and the new diagnosis of Type 2 non-insulin dependent diabetes. c. A spouse phones regarding her husband’s preliminary diagnosis of stage III prostate cancer. 	<p>5 points</p>
<p>5.A.24 Describe how your program will help control the overall costs of both the ASE and PSE plans.</p> <p>DO NOT INCLUDE ANY ACTUAL COSTS.</p>	<p>5 points</p>
<p>5.A.25 Detail the influence your program has had on the following:</p> <ul style="list-style-type: none"> a. Preventative care b. Emergency Room utilization c. Disease Management/Appropriate Drug Utilization d. In-patient admission e. 31-day re-admissions rate f. Rehabilitation g. Hospice Care <p>Provide supporting documentation for each example provided.</p>	<p>5 points</p>
<p>5.A.26 What peer review literature sources are utilized by your company to maintain current industry standards in the review process?</p>	<p>5 points</p>
<p>5.A.27 Describe the workflow for developing the criteria for both medical/surgical guidelines used for conducting a review.</p>	<p>5 points</p>
<p>5.A.28 Describe your process for updating clinical protocols including the frequency of updates.</p>	<p>5 points</p>
<p>5.A.29 Describe your workflows for incorporating new procedures and/or new technology into clinical protocols.</p>	<p>5 points</p>
<p>5.A.30 Describe how you are notified of a Participant’s adverse outcome (i.e., from emergency room visit to ICU; outpatient surgery to inpatient; re-admissions within 30 days)?</p>	<p>5 points</p>
<p>5.A.31 Describe your plan for implementing and maintaining an electronic log of all Adverse Benefit Decisions.</p>	<p>5 points</p>
<p>5.A.32 Describe your workflow for obtaining medical records for Participants when adverse outcomes are identified? Include the process for handling any related charges for obtaining medical records.</p>	<p>5 points</p>

5.A.33	How are you notified of a sentinel event (i.e., diabetic ketoacidosis, ruptured aortic aneurysms)? Provide your workflow for tracking the sentinel event.	5 points
5.A.34	Describe how your organization personalizes responses to each patient.	5 points
5.A.35	What are your policies and procedures for addressing and/or reporting any quality of care issues identified for Participants enrolled in any Services.	5 points
5.A.36	Describe your workflow for managing an EBD request for independent, external review.	5 points
5.A.37	Describe your process for coordinating with the pharmacy claims administrator (i.e. prior authorization for prescriptions, specialty drugs).	5 points
5.A.38	Provide a description of additional services available, not included in this RFP, that your organization could provide to assist Participants of the plan in Medical Management.	5 points
5.B Case Management (CM)		
5.B.1	Provide a complete trigger list including the specific range of conditions or diagnoses of your current Case Management services, using EBD's dollar threshold criteria for both Small and Large cases.	5 points
5.B.2	Describe the process including criteria for developing a Case Management program. Provide an example of a Case Management program (i.e. diabetes management).	5 points
5.B.3	Describe your process for managing Participants with congestive heart failure.	5 points
5.B.4	Describe your process for managing Participants with chronic obstructive pulmonary disease.	5 points
5.B.5	Describe your process for managing Participants with asthma including any age-related variations.	5 points
5.B.6	Describe how you monitor the effectiveness of your Case Management services including the criteria used for identifying cost savings. Provide statistics you have regarding your performance in these areas during each of the following years 2015, 2016, and 2017. DO NOT INCLUDE ANY ACTUAL COSTS.	5 points
5.B.7	Describe your process and related criteria for measuring your Case Management services as it relates to Participant satisfaction. Provide statistics supporting your performance in this area.	5 points

<p>5.B.8 What percentage of your total population was referred for Case Management during each of the following years 2015, 2016, and 2017?</p>	<p>5 points</p>
<p>5.B.9 Describe your Company's view of your role when working with the patient, family, attending physician and hospital staff?</p>	<p>5 points</p>
<p>5.B.10 Describe your company's process for maintaining successful relationships when coordinating services for Participants with payers, physicians, mid-level providers, hospitals and community resources.</p>	<p>5 points</p>
<p>5.B.11 What are your procedures to identify and assess alternative services and/or treatment protocols?</p> <p>a. If you identify alternatives to treatment what is your procedure to get those approved?</p> <p>b. Who do you think would need to be involved in that process?</p>	<p>5 points</p>
<p>5.B.12 Describe the criteria your company uses for defining the severity levels related to the Services currently provided.</p>	<p>5 points</p>
<p>5.B.13 Describe the workflow currently used by your case manager's when/if they reach someone on the Participant's care-team other than the Participant.</p>	<p>5 points</p>
<p>5.B.14 Describe the workflow currently used by your case managers when contacted and/or contacting other medical providers about a Participant's care. Including Participants in either an active or closed status.</p>	<p>5 points</p>
<p>5.B.15 Describe your process for incorporating tele-medicine services.</p>	<p>5 points</p>
<p>5.B.16 Describe the process for distributing cases among case managers. How are cases managed across multiple case managers for continuity of care for Participant's?</p>	<p>5 points</p>
<p>5.B.17 Provide your company's current criteria for:</p> <ul style="list-style-type: none"> • Participant enrollment • Participant engagement • Participant compliance <p>If necessary describe your plan to adapt EBD's criteria.</p>	<p>5 points</p>
<p>5.B.18 Provide your goal/target for Participants consent to Medical Management?</p>	<p>5 points</p>

5.B.19	Provide your goal/target for Participant engagement of no less than 2 calls with certified case manager.	5 points
5.B.20	What is your current standard for responding to a Participant's request for contact? If different from the RFP requirement, what is your plan for implementing EBD's timeframes?	5 points
5.B.21	If the assigned Case Manager is not available, describe the process for addressing the Participant's needs.	5 points
5.B.22	Describe your process for confirming Participant eligibility, provider network status, and covered services before recommending a care plan.	5 points
5.C Utilization Management (UM)		
5.C.1	How often do you review participant utilization?	5 points
5.C.2	Describe your company's workflow for notification of high utilization Participants.	5 points
5.C.3	Describe your Company's workflow for reviewing a Participant's current medication(s) and the correlation it has to the treatment of their medical diagnosis.	5 points
5.C.4	Describe the process used to advise providers when it appears that a Participant may be utilizing multiple physicians of the same specialty to obtain medications in the same therapeutic class?	5 points
5.C.5	Provide an overview of the clinical criteria/coverage policies available to your provider community including the level of access and any restrictions to that access.	5 points
5.C.6	Describe your company's process for defining a procedure as cosmetic, and any associated policies related to obtaining pre-authorization and/or notifying a Participant of their financial responsibilities.	5 points
5.C.7	Describe your company's current workflow for determining the medical necessity of a continued hospital stay including the method of notifying both the Participant and the provider of your decision.	5 points
5.C.8	Describe your company's plan and process for making out-of-network referrals and ensuring Medically Necessary Covered Services are provided via the referral.	5 points
5.C.9	Describe your company's current workflow for a request which is received for a planned medical or surgical admission that fails to meet the medical necessity criteria. Include each stage of the process specifically outlining in the workflow when the physician-to-physician communication is initiated?	5 points

<p>5.C.10 Describe your process for monitoring provider transparency related to evidence based medical (EBM) outcomes.</p>	<p>5 points</p>
<p>5.C.11 Detail any value-based program incentives (i.e. PCMH, CPC+, ASO, etc.) offered for best practice care.</p>	<p>5 points</p>
<p>5.C.12 Provide sample copies of all reports, including but not limited to:</p> <ul style="list-style-type: none"> a. Participant utilization b. Re-admission rates c. Gap analysis d. Co-morbidities e. Financial (i.e., provider discounts) f. Clinical criteria g. Appeals related to Medical Management (and their results) 	<p>5 points</p>
<p>5.D Behavioral Health and Substance Abuse (BHSA)</p>	
<p>5.D.1 Describe your team structure, training of new staff, levels of authority, self-auditing in relation to BHSA.</p>	<p>5 points</p>
<p>5.D.2 Describe your company’s BHSA Utilization Review process.</p> <ul style="list-style-type: none"> • Credential requirements for staff • Training and monitoring of Utilization Review staff • Pre-authorization requirements • Utilization review criteria for determination of clinical appropriateness • Clinical information gathered for review • Denial notifications to Participants and providers 	<p>5 points</p>
<p>5.D.3 What criteria does your company use to determine if a Participant needs immediate placement by a mental health professional?</p>	<p>5 points</p>
<p>5.D.4 How do you assist a Participant in connecting with a mental health professional?</p>	<p>5 points</p>

5.E Disease Management		
5.E.1	Describe the process including criteria developing a disease management services. Provide an example of a Participant with multiple co-morbidities enrolled in disease management.	5 points
5.E.2	How long have you had the Disease Management program in place?	5 points
5.E.3	Provide the workflow for identifying and enrolling Participants in your DM services.	5 points
5.E.4	Provide the workflow for managing Participants in your DM services.	5 points
5.E.5	Provide a list of the co-morbidities you actively manage.	5 points
5.E.6	Provide an overview of your experience managing Participants with multiple co-morbidities?	5 points
5.E.7	Provide an example of managing two Participants with the same co-morbidities, but differ in age, gender and overall health?	5 points
5.E.8	Provide a description of how you measure the results of your Disease Management services and provide examples.	5 points
5.E.9	Describe how you would accommodate a Participant that is only available to staff during the evenings or weekends?	5 points
5.F Maternity Management Services (MMS)		
5.F.1	Provide an overview of your company's current Maternity Management Services. How long has your Maternity Management Services been in place?	5 points
5.F.2	Provide the following information from each of the following years 2015, 2016, and 2017 regarding your Maternity Management Services: <ul style="list-style-type: none"> a. Total number of maternity admissions b. Total number of Participants who received high risk maternity screening c. Total number of Participants identified as high risk d. Total number of Participants managed through case management services, including outcome data. 	5 points
5.F.3	Describe your company's process for identifying high risk Participants.	5 points
5.F.4	Provide a list of education materials available to Participants. Include an example of the material on a CD or flash drive.	5 points

5.G Predictive Modeling		
5.G.1	Provide an overview of the claim analysis process used for predictive modeling, including application benefits and restrictions.	5 points
5.G.2	Provide the workflow used to identify Participants with co-morbidities include the workflow for both chronic and at-risk conditions.	5 points
5.H Nurse Line		
5.H.1	Describe your 24/7 Nurse Help line. How long has your Nurse Help Line been in place?	5 points
5.H.2	Describe your system’s guidelines used to provide recommendations to Participants.	5 points
5.H.3	Describe additional resources provided by your help line such as a medical library.	5 points
6 – EMPLOYEE ASSISTANCE PROGRAM (EAP)		
6.A Program Information		
6.A.1	Provide a brief description of each type of service listed in the Emotional Well-being category. Confirm that a service is or is not currently provided. If you offer additional services not currently listed, they may be added in the appropriate category. Emotional Well-being: <ul style="list-style-type: none"> • Grief and loss • Personal relationships • Marriage and family issues • Divorce and separation • Mental Health issues • Violence and crisis management • Financial planning 	5 points
6.A.2	Provide a brief description of each type of service listed in the Physical Well-being category. Confirm that a service is or is not currently provided. If you offer additional services not currently listed, they may be added in the appropriate category. Physical Well-being: <ul style="list-style-type: none"> • Diet/Nutrition • Importance of daily activity • Pain management 	5 points

<p>6.A.3 Provide a brief description of each type of service listed in the Work Relationships category. Confirm that a service is or is not currently provided. If you offer additional services not currently listed, they may be added in the appropriate category.</p> <p>Work Relationships:</p> <ul style="list-style-type: none"> • Co-worker relationships • Adjusting to change • Management issues • Stress management • Retirement planning • Discrimination 	<p>5 points</p>
<p>6.A.4 Provide a brief description of each type of service listed in the Legal/Aging category. Confirm that a service is or is not currently provided. If you offer additional services not currently listed, they may be added in the appropriate category.</p> <p>Legal:</p> <ul style="list-style-type: none"> • Will/Living will assistance • Estate planning <p>Aging:</p> <ul style="list-style-type: none"> • Retirement planning • Caregiver resources • Living with a disability 	<p>5 points</p>
<p>6.A.5 Provide a brief description of each type of service listed in the Addiction & Recovery category. Confirm that a service is or is not currently provided. If you offer additional services not currently listed, they may be added in the appropriate category.</p> <p>Addiction & Recovery:</p> <ul style="list-style-type: none"> • Alcohol issues • Drug(s) issues 	<p>5 points</p>
<p>6.A.6 Describe the contract requirements and contract period for your EAP counselors. Describe how AR Employees who live throughout the state will access your services.</p>	<p>5 points</p>
<p>6.A.7 Describe your process for suicide interventions. Detail all methods, i.e. telephonic, in-person, group settings, etc.</p>	<p>5 points</p>
<p>6.A.8 Do your protocols and practices differentiate between worksite death / grief counseling and family-related death / grief counseling?</p>	<p>5 points</p>
<p>6.A.9 Describe what resources are available for AR Employees with financial issues / home foreclosures / debt management issues?</p>	<p>5 points</p>

6.A.10 What assistance / advice / material is available for AR Employees dealing with elder / parental home care?	5 points
6.A.11 What protocols / practices are in place to assist AR Employees with eating disorders?	5 points
6.A.12 Detail issue escalation & resolution practices for issues of child / spousal abuse. At what point are police / authorities involved?	5 points
6.A.13 Describe any processes for facilitating access to legal services.	5 points
6.A.14 Explain what differentiates you from your competitors in the EAP marketplace, in 200 words or less.	5 points
6.B General Services	
6.B.1 How will you assist the plan in maximizing medical cost avoidance now and throughout the lifetime of the contract?	5 points
6.B.2 Provide a description of your approach and methodology of how you will assist EBD in identifying strategies that lead to medical cost savings?	5 points
6.B.3 Provide a description of your approach and methodology for calculating ROI for accounts of our size, including benchmarks used for quantifying.	5 points
6.B.4 Provide a description of your approach and methodology for monitoring provider compliance related to patient care, including provider incentives.	5 points
6.B.5 Provide an overview of how you intend to engage AR Employees in your services?	5 points
6.B.6 Describe your experience in dealing with multiple employer locations?	5 points

<p>6.B.7 Provide an example of how you increased utilization of your services with an account relative to our size, including data to support increased utilization.</p>	<p>5 points</p>
<p>6.C On-Line Capability</p>	
<p>6.C.1 What tools are available to allow EBD the ability to extract data? How are these tools accessed?</p>	<p>5 points</p>
<p>6.C.2 Detail what services / features / functions are provided to employees through your website/portal?</p>	<p>5 points</p>
<p>6.C.3 Do you offer podcasts / e-books for download? If so, provide a sample list of the available topics.</p>	<p>5 points</p>
<p>6.C.4 List the top 3 accessed topics in the last quarter? Last year?</p>	<p>5 points</p>
<p>6.C.5 Describe the process for selecting, reviewing and adopting the material selected. Is the selection process handled in-house or outsourced?</p>	<p>5 points</p>
<p>6.C.6 Describe the difference between materials available on the site in a “public” format vs that available to an AR Employee with a unique login/password.</p>	<p>5 points</p>
<p>6.C.7 Describe an AR Employee’s ability to maintain a “profile” on the site.</p>	<p>5 points</p>
<p>6.D EAP Network Coverage</p>	
<p>6.D.1 Detail your ability in providing health and wellness programs focusing on weight management, increased physical activity, nutritional education, tobacco cessation, strength training, or other similar programs designed to enhance the physical wellbeing of the member.</p>	<p>5 points</p>
<p>6.D.2 Detail your ability to provide predictive / risk scoring for members to assist with identifying individuals most at risk for significant health events and opportunities for early intervention and management.</p>	<p>5 points</p>

<p>6.D.3 Please indicate how EAP coverage will be provided in each county. List the Provider Name, Address, Method of Delivery (phone, in-person, individual, group, other), and Hours of Operation of all providers in each county in Arkansas. If no provider currently can be identified in a county, please indicate with "None Identified".</p> <p>EXAMPLE: Jefferson County Provider: Family Counseling Services Address: 123 Sweet Street, Pine Bluff, AR Method of Delivery: individual and group counseling, in-person and telephonic services; specialization in on-site trainings for employees and managers. Hours of Operation: 24/7 phone access; in-person 7a-6p 7 days/week</p>	<p>5 points</p>
<p>7 – OPERATIONS AND SYSTEMS</p>	
<p>7.A Privacy, Security, and Legal</p>	
<p>7.A.1 Describe your plan and processes for creating, accessing, transmitting, and storing health information data files and records in accordance with the Health Insurance Portability and Accountability Act's (HIPAA) mandates.</p>	<p>5 points</p>
<p>7.A.2 Detail your disclosure process to patients as well as how protected information will be disclosed with third parties.</p>	<p>5 points</p>
<p>7.A.3 Provide a detailed description of your policy for records and information management addressing storage, transfer, destruction, accuracy and confidentiality.</p>	<p>5 points</p>
<p>7.A.4 Describe the methods used for ensuring that information management processes comply with applicable State or Federal laws and regulations and contain protocols for ethical use of records.</p>	<p>5 points</p>
<p>7.A.5 Describe your HIPAA policies, procedures, and training related to quality and provider data.</p>	<p>5 points</p>
<p>7.A.6 Disclose any event where your employees have committed acts that compromise member information, regardless of whether it is PHI or not. If none, what procedures do you have in place which have ensured this?</p>	<p>5 points</p>
<p>7.B Systems and Data Sharing</p>	
<p>7.B.1 Describe your plans for developing and maintaining your management information system(s).</p>	<p>5 points</p>
<p>7.B.2 Describe your plan for interfacing with EBD's systems and any subcontractors.</p>	<p>5 points</p>
<p>7.B.3 Describe your plan for screening for excluded or disbarred/debarred entities.</p>	<p>5 points</p>
<p>7.B.4 Describe your plan to meet EBD security requirements.</p>	<p>5 points</p>

7.B.5 Describe and provide a copy of your Disaster Recovery Plan as applicable to this RFP.	5 points
7.B.6 Can provider networks be loaded within your system? If a provider is not within a network what is your process for advising the Plan Participant and provider of the out-of-network status?	5 points
8 – IMPLEMENTATION	
8.A Implementation	
8.A.1 Specify, to the greatest extent possible, the activities that are to be undertaken to transition and implement the required services including a step-by-step guide and the names of the persons involved in each step.	5 points
8.A.2 Detail the resource requirements necessary to successfully complete the transition and implementation. Resource requirements should include any required input from EBD Staff and/or the current provider, and an estimated amount of time required from EBD Staff and/or the current provider.	5 points
8.A.3 Detail your implementation steps/processes and identify the time requirements for each.	5 points
8.A.4 What support, if any, would you require from EBD during implementation?	5 points
8.A.5 What support, if any, would you require from EBD throughout the duration of the contract?	5 points
8.A.6 Describe the risks your company anticipates EBD, the Major Service Components, or the Recipients may face during the Implementation Period and your company's plan to mitigate those risks.	5 points
8.A.7 Detail your company's experiences with implementing projects of similar size and scope and complexity. Include timelines, goals, results, and other elements necessary to fully communicate your company's implementation experience.	5 points